

**KENTUCKY BOARD OF DENTISTRY**312 Whittington Pkwy, Suite 101, Louisville, Kentucky 40222  
502/429-7280 Fax: 502/429-7282**APPROVAL FORM FOR A DENTAL HYGIENIST PRACTICING WHEN  
THE DENTIST IS NOT PHYSICALLY PRESENT**\_\_\_\_\_  
Name of Dental Hygienist\_\_\_\_\_  
License Number\_\_\_\_\_  
Address of Dental Hygienist\_\_\_\_\_  
City, State, Zip\_\_\_\_\_  
Employing Dentist\_\_\_\_\_  
License Number**EXPERIENCE**

Please list at least two (2) years and three thousand (3,000) hours of experience in the practice of dental hygiene. This must be retained in your employee file.

\_\_\_\_\_  
Employer\_\_\_\_\_  
Dates Worked\_\_\_\_\_  
Number of hours\_\_\_\_\_  
Employer\_\_\_\_\_  
Dates Worked\_\_\_\_\_  
Number of hours\_\_\_\_\_  
Employer\_\_\_\_\_  
Dates Worked\_\_\_\_\_  
Number of hours\_\_\_\_\_  
Employer\_\_\_\_\_  
Dates Worked\_\_\_\_\_  
Number of hours**MEDICAL EMERGENCY RECOGNITION COURSE**\_\_\_\_\_  
Title of Course\_\_\_\_\_  
Where Taken\_\_\_\_\_  
KBD provider number\_\_\_\_\_  
Sponsor\_\_\_\_\_  
Date\_\_\_\_\_  
# of Credit Hours

**Supporting documentation must be attached to this form and kept on file in the dental office. DO NOT SEND SUPPORTING DOCUMENTATION TO THE BOARD OFFICE.**

**ATTESTATION**

As the supervising dentist, I have evaluated the above named dental hygienist's skills and I have made a determination that this dental hygienist is competent to treat patients when the dentist is not physically present. The information contained herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Supervising Dentist Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Dental Hygienist Signature\_\_\_\_\_  
Date

This form shall be maintained in the facility(s) where the dental hygienists is working, and shall be presented upon request of an agent of the Kentucky Board of Dentistry. Attach all supporting documentation and keep in the dental hygienist employee file. **DO NOT SEND SUPPORTING DOCUMENTATION TO THE BOARD OFFICE.**

1. The dental hygienist shall provide proof and keep on file of two (2) years with a minimum of three thousand (3,000) hours of experience in the practice of Dental Hygiene. This proof may include payroll or employment records showing dates and hours of employment by a dentist in the practice of dental hygiene or other, proof verifiable and acceptable to the Board. Proof of hours or experience shall be retained by the hygienist, attached to this form. The supervising dentist shall retain a copy of this form at his/her office.
2. A dental hygienist shall successfully complete a course approved by the Board (include the KBD provider number on form) in the identification and prevention of potential medical emergencies. This course shall be at least three clock (3) hours in duration, shall be classifieds as a "B" category of continuing education and shall include at a minimum the following topics:
  - a. Medical History, including American Society of Anesthesiologists classifications of physical status.
  - b. Recognition of common medical emergency situations, symptoms and possible outcomes.
  - c. Office emergency protocols
  - d. Prevention of emergency situations during dental treatments.
3. The dental hygienist shall retain proof of re-certification every two(2) years in the medical emergency course.
4. This form should be sent to the Board office for approval and approval must be received from the Board before practicing General Supervision.